UNITED STATES HOUSE OF REPRESENTATIVES For Us	Form A Form A LESS ATTRESCENCE CENTER FOR Use by Members, Officers, and Employees 2019 JUN 19. 34, 6-20.
Name: Fred Upba Daytime To	Daytime Telephone: 202-325-36/ Individual who files more than 30 days late.
FILER STATUS Member of the U.S. State: 172 House of Representatives District	Officer or Employing Office: Staff Filer Type: (If Applicable) Employee Shared Principal Assistant
REPORT 2018 Annual (Due: May 15, 2019) Amendment	Termination Date of Termination:
PRELIMINARY INFORMATION ~ ANSWER EACH OF THESE QUESTIONS	15 Southof Lid so I have no ownership in m
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period?	reportable agreement or arrangement with an the reporting period or in the current calendar date of filing?
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction Yes No X	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No reporting period?	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period?
D. Did you, your spouse, or your dependent child have any reportable Yes X No liability (more than \$10,000) at any point during the reporting period?	1. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?
E. Did you hold any reportable positions during the reporting period or res in the current calendar year up through the date of filing?	ÁTTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST I	OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS
IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during contact the Committee on Ethics for further guidance.	a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts from this report details of such a trust that benefits you, your spouse, or dependent child?	ertain other "excepted trusts" need not be disclosed. Have you excluded Yes No 🗶
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	tions, or liabilities of a spouse or your dependent child because they meet Yes No X

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2	Hillerik	M. Mars.	E)	57	3	l	Examples:		For a datailed discussion of Schedule A requirements please refer to the instruction booklat.	If you so choose, you may Indicata that an assat or income sourca is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	If you report a privately-traded fund that is an Excepted Invastmant Fund, please check tha "EIF" box.	Excluda: Your personal residence, including second fromes and vecation homes (unless there was rental incoma during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For an ownership interest in a privately-held business that is not publicly traded, stata the name of the business, the nature of its activities, and its geogrephic location in Block A.	For rental and other real property held for investmant provide a complate address or description, e.g., "rental property," and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not usa only ticker symbols). For all IRAs and other retirement plans (such as	and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year.	Identify (a) aach asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period	Assets and/or income Sources
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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is soid, please choose 'partial sale' as the type of transaction. * Column K is for assets solely held by your spouse or dependent child

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Asset Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in e tax-deferred account, and disclose the capital gain income on Schedule A. ŞP Example 2185 Cons B54. Sekhin 21 W Cont Electronic No. Ke Homevilon Br. 6 Anely Devies whilpso 10:12× Cut 8/14 Microckip Tot Whin /pal TPM Whi, 72., Whir pas Face book Mega Corp. Stock 1001 000 teombre Hether way Xax X Olivershy Purchase × × × Type of Transaction × X × X × Sale × X × Partial Sale × Exchange Check Box If Capital Gain Exceeded \$200 × 3/24/18 8/27/18 3/127/8 8/27/8 10/3/18 3/14/18 8/27/18 1/12/14 Shelk 3/14/18 2/17/18 8/1/2/18 2/124/18 2/4/18 (MO/DAYR) or Quarterly, Monthly, or Bi-weekly, if applicable Date 3/9/18 X \$1,001-\$15,000 > メ \$15,001-\$50,000 ኍ to × \$50,001-\$100,000 Ö \$100,001 ø \$250,000 Amount of Transaction \$250,001 [3] \$500,000 \$500,001 п \$1,000,000 \$1,000,001-\$5,000,000 G \$5,000,001 I \$25,000,000 \$25,000,001-\$50,000,000 Over \$50,000,000 Over \$1,000,000* (Spouse/DC Assel) ᆽ

Name:

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SCHEDULE B — TRANSACTIONS

If Maryer fruit
Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the

Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the	Туре	Type of Transaction	ction		Date				A	nount	of Tra	Amount of Transaction	ĭ			
reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that		_		eeded		*	B	?	5	n	,	.] 	I	-	-	*
resulted in a capital loss. Provide a biret description of an excitainge transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold please choose "partial sale" as the type of				Gain Exce	(MO/DAYR)	>	C			r	-	· · · · ·				7
transaction.				if Capit	Monthly, or 8i-										00,000	
clapital tents. If a sates transaction resulted in a capital gain in excess or \$200, check the capital gain's box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.	rchase	ie rtial Sale	change	eck Box	applicable	,001- 5,000	5,001- 5,000	0,001- 00,000	00,001- 50,000	50,001- 00,0 0 0	00,001- 000,000	,000,001 ,000,000	000,001- 5,000,000	5,000,00° 0,000,000	er \$50,00	er \$1,000 ouse/DC
* Column K is for assets solely held by your spouse or dependent child.	Pı	Se		Ci \$2		\$1 \$1			\$1 \$2						0	
SP.DC,JT Asset																
SP Example Mega Corp. Stock	i	×		×	3/9/18		×			<u>. </u>						
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AMG Pikt	×	-			12/18/18	×									ļ .	
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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the	Type o	Type of Transaction	o i		Date				. │	Amount of		Transaction	Ö			
reporting period or any security or real property need by you, your spoulse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exchilde transactions between your your should or dependent children, or the Exchilde transactions between your your should or dependent children.				Exceeded		À	ಜ	0	0	т		G	Ŧ	·	ے ۔	~
purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.				apital Gain	(MO/DAYR) or Quarterly,										000	
Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deterred account, and disclose the capital gain income on Schedule A.	chase	tiai Sale	thange	ock Box if C	weekly, if applicable	001- i,000	5,001- 0,000	,001- 10,000	0,001-	0,001- 0,000	0,001- 000,000	000,001- 000,000	000,001- i,000,000	,000,001-	er \$50,000,0	er \$1,000,00 ouse/DC A
* Column K is for assets solely held by your spouse or dependent child.	Purc	Part	Exc	Che \$200		\$1,0 \$15,									Ove	
SP, DC, JT Asset									_							
SP Example Mega Corp. Stock		×		×	3/9/18		×									
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SCHEDULE D - LIABILITIES

Name: Page_

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of word to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded *Column K is for liabilities held solely by your spouse or dependent child.

	7		sp. oc. յլ		
	J.P.	Example			
	J.P. Myor Chase	First Bank of Wilmington, OE	Creditor		
	10/10	5/16	Date Liability Incurred MO/YR		
	maters	Mortgage on Rental Property, Oover, DE	Type of Liability		
			\$10,001- \$15,000	>	
			\$15,001- \$50,000		
ĺ			\$50,001- \$100,000	c	
	×	×	\$100,001- \$250,000	0	
			\$250,001- \$500,000	m	moun
			\$500,001- \$1,000,000	п] ⊈ ⊑
			\$1,000,001- \$5,000,000	G	Amount of Liability
			\$5,000,001- \$25,000,000	I	
			\$25,000,001- \$50,000,000		
			Over \$50,000,000		
1			Over \$1,000,000* (Spouse/DC Liability)	~	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

	w/specs			-/ SAUG	Owner	Position
in muchia. 155	Kas ardows, DV LLC	EM ILa (Family , wieshow Y)	SEU Limited Partnership	SEU Linite Perhaustin	when Asset not	Name of Organization

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENT:

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Name:	
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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a femily member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

						Ripon Society & Franklin Courte		American Enterprise Inst.	Examples: Habitat for Humanity (charity fundraiser)	Government of China (MECEA)	Source
5	:				, ,	11/3-11/13	`	3/10-3/11	Mar. 3-4	Aug. 6-11	Date(s)
					,	Gradparide -> Paris -> DC		DC-750 Ishul CA+ DC	DC-Boston-DC	DC-Bejirg, Chira-DC	City of Departure-Destination-City of Return
3						Y	•	Y	~	Υ	Lodging? (Y/N)
						Y	•	~	۲	Υ	Food? (Y/N)
		i				Y		>	٧	Z	Family Member Included? (Y/N)